

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
*Patent*Address to:
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Patent Number	7,567,661
Issue Date	07/28/2009
Application Number	10/749,828
Filing Date	12/31/2003
First Named Inventor	Patrick S. Wood

Please change the Correspondence Address for the above-identified patent to:

☒ Customer Number

021498

Place Customer Number
Bar Code Label here

OR

Type Customer Number here

☐Firm or
Individual
Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

- ☐ Patentee.
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record 40,876.

Typed or
Printed
Name

Benjamin S. Withrow

Signature

/Benjamin S. Withrow/

Date

August 13, 2009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.